

# ***Modoc County System Improvement Plan***

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## ***Modoc County Child Welfare Services Self Improvement Plan***

***The California Child and Family Services***

***Three Year Plan***

***2009 through 2012***

***By Child Welfare and Juvenile Probation Services***

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# MODOC County

California Child and Family Services

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## System Improvement Plan

Child Welfare and Juvenile Probation  
Services

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Child Abuse Prevention, Intervention, and Treatment  
Community Based Child Abuse Prevention Program  
Promoting Safe and Stable Families

Three Year Plan  
2009 through 2012

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# Table of Contents

Cover Page.....	1
Table of Contents.....	2
SIP Narrative	
I. Description of County Processes for Conducting SIP.....	3
II. Identify Outcomes Needing Improvement.....	4
III. Improvement Targets and Goals.....	4-7
IV. Summarize Current Available Literature.....	7-9
V. Summarize Current Activities.....	9-10
VI. Identify new activities.....	10-11
Part I – CWS/Probation	
A. Cover Sheet.....	12
B. CWS/Probation Narrative.....	13-16
C. CWS/Probation SIP Matrix.....	17
1) See SIP Matrix Attachments A-1 through A-12	
2) See SIP Logic Models B-1 through B-6	
D. Child Welfare Service Outcome Improvement Project Narrative....	17-18
Part II – CAPIT/CBCAP/PSSF	
A. CAPIT/CBCAP/PSSF Plan.....	19-23

## A. SIP NARRATIVE

### 1. Description of County Processes for Conducting the SIP

MCDSS and MCPD formed a SIP working group made up of the MCDSS director, the Chief Probation Officer, the Social Worker Supervisor, the Assistant Chief Probation Officer, the two social workers, the two probation officers, the director of the Child Abuse Prevention Council and two contracted consultants.

The consultants and team members met with various collaborative groups and conducted focus groups with constituents and service providers. The collaborative groups consulted included 1) Child Abuse Prevention Council; 2) Drug Courts Steering Committee; 3) Mental Health Services Act Prevention and Early Intervention Coalition; 4) Parenting Coalition; and 5) the Dependency Drug Treatment Court Team. Three meetings were held with representatives of the Native-American community and several meetings were held with social workers and probation officers.

In each meeting the Guiding Principles were presented and discussed along with the quarterly CWS/CMS outcome reports from UC Berkeley. System improvement Information was gathered from these groups and individuals. This information along with that from the Improvement Goals of the PQCR, the County Assessment, and quarterly CWS/CMS outcome reports was combined to identify outcomes and target needing improvement.

The decision making process was again a collaboration among all the team members, data results, results of the PQCR Process and the County Self Assessment.

The data used for the processes of creating improvement goals, targets and outcomes was gathered from the focus groups, community meetings, families/consumers and UC Berkeley.edu/ucb.

The information gathered has been integrated into the SIP and prioritized as to the needs of the affected group or individuals and its relationship to the achievement of identified improvement goals, targets and outcomes. For example, the Native American community has certain needs and requirements for their participation in this System Improvement Process and without those needs being addressed their participation could not be guaranteed.

It was therefore the goal to work within these parameters to achieve successful outcomes for both the Native Americans and the SIP plan. This collaborative partnership approach was used to integrate the community, agencies and public into the SIP.

## 2. Identify Outcomes needing improvement

The focus areas chosen by both Probation and CWS for the 2009/2012 PQCR are Participatory Case Planning and Family Engagement

MCPD will focus on the wellbeing outcome of increasing the probability of a successful transition to adulthood for youth emancipating from foster care. MCPD will also continue to work towards the goals adopted by the Collaborative Justice program called Juvenile Delinquency Prevention and Treatment Court.

MCDSS will focus on decreasing the recurrence of maltreatment among children and families referred for abuse and neglect (Safety 1.1) with the development of Family Wellness Court and on ensuring permanency for children through the development of consistent concurrent planning in all child welfare cases. MCDSS will also continue to work on preventing re-entry into out-of-home care after reunification (Permanency C 1.4) with Dependency Drug Treatment Court as the primary strategy.

## 3. The Improvement targets developed during the PQCR are as follows:

- a. Develop policies and procedures to guide SWs and probation officers in their interviews and engagement activities with family members, youth, tribe, extended family, and friends to encourage the active participation of all interested parties in the development of a Strengths and Needs Assessment/Social Study and Case Plan. (The narrative and analysis to follow in Section III will focus on Dynamic Reporting Interface data with the emphasis on Safety S1.1 and Permanency C1.1 & C1.4 focus on family engagement.)
- b. Modoc County will allow up to 60 days for the development of necessary assessments and the Case Plan. The narrative in Section III will explain how the extension of the timeframe for the development of the case plan from thirty to sixty days will facilitate collaboration between the SW, the family and the engagement of the extended family towards the achievement of goal of partnership with the community and prevention partners to achieve a coordinated planning process. (This has already been put in place.)
- c. Modeling the Dependency Drug Court, develop a multiagency process to develop a collaborative "differential response" type of service delivery to families referred to Modoc County for abuse and neglect. This multi agency collaboration process will use a differential response prevention strategy to support families. (The narrative and analysis to follow in Section III will have a narrative focus on differential response and how it will work with a Dynamic Reporting Interface data emphasis on Safety S1.1.)

- d. Assure consistent use of all the SDM assessments throughout the life of each case. (At the November 2008 Peer Quality County Review the state noted the SDM was being used at a 100% rate throughout the case except for the risk assessment to determine if a case can be closed. (This has already been remedied))
- e. Provide ongoing training to all SWs and Probation Officers to ensure thorough documentation of interviews and interactions with families. UC Davis training and Social Worker Supervisor will write Policy and Procedure.
- f. All new SWs should attend Academy Core Training as soon after hire as appropriate. (This is outcome has been implemented and is currently being put into practice through county policy. While the county would like to see SW's sent to Academy Core Training immediately after being hired a number of inhibiting factors inhibit this practice; most importantly the very rural (frontier) nature of Modoc County and their ability to hire qualified Social Workers. The county also believes social workers are better able to understand and comprehend Academy Core Training after they have had a little experience.)
- g. Contract with UC Davis to provide a minimum of 6 hours of local Modoc County training on Concurrent Planning, which are to include all SWs, probation officers, adoptions workers, CASA volunteers, foster parents and agencies, attorneys, and judges.
- h. 1) Develop policies and procedures to guide SWS and Probation Officers in ensuring youth in care receive everything they need to succeed in the transition into adulthood, including Family Finding.  
  
2) Develop a community interagency collaborative approach to ensuring that youth in care receive all the services necessary for maximum success in transitioning from foster care. Develop contracts and MOUs for CWS and Probation with FFAs to provide transitional housing services. Work with ILP, Alliance for Workforce Development, and schools, including community colleges.

The narrative and analysis to follow in Section III will focus on Transitioning into Adulthood policy and procedures that will include working with Foster Youth Services and CASA for Family Finding.

During the CSA, focus groups were held with the Child Abuse Prevention Council and representatives of the Native American community. The following Improvement Targets were identified at that time:

i. From Child Abuse Prevention Council:

Develop a "Team Decision Making" collaboration with CAPC where new ideas and support can be given to CWS and endangered children and families including the involvement of successful families as role models. This will also increase ongoing participation in parenting classes. TEACH staff will participate on TDM teams in Family Preservation Court. (Improvement narrative and analysis to follow in Section III will focus on Drug Court and TDM.)

j. From Native American Focus Group:

- 1.. Involvement of ICWA person from pre-detention throughout the life of the case.
- 2.. Joint training of tribal members with SWs and POs on ICWA law and procedure as well as cultural competency.

4. Summarize Current available literature

This SIP plan addresses a number of planning and collaborative approaches as well as Concurrent Planning, Differential Response, Participatory Case Planning, and Team Decision Making.

According to the Center for Social Services Research, "Concurrent planning is based on the philosophy that adults, rather than children should assume the emotional risk in foster care." While Modoc County has very few children in foster care and fewer adoptions the county feels that by following concurrent planning model in every case on a dual tract with reunification there is a reduction in time to permanency for children in out-of-home care (Child Welfare Information Gateway, 2007).

U.C. Davis Extension, Center for Human Services believes sound concurrent planning includes the following components:

- Individualized assessment and, time limited work with families
- Full, honest and documented disclosure with birth parents concerning identified problems
- Early determination of paternity and family finding activities to identify possible resource families among the child's relatives.

California Permanency for Youth Project; *Achieving Permanency: Guidelines for Expectations of County Child Welfare Staff*; Mardith L. Louisell, Author. This article outlines the philosophy and values of permanency for all children as well as the expectations and tasks at all levels of the agency.

Child Welfare Information Gateway defines differential response is a practice used by CPS that allows social workers to use more than one manner of initial response to a report of child abuse. This type of response is also called “dual tract,” “multiple tract,” or alternative response this type of approach recognizes variation in the nature of reports and the value of responding differently to different types of cases (Schene 2001).

The State of California believes differential response requires child welfare agencies to collaborate with the community and family to provide the appropriate help to affected children and families as each individual situation requires, such as drug and alcohol treatment that may assist in keeping the family together and out of foster care while care is being given.

Family Team Decision Making (FTDM)/Team Decision Making (TDM) brings together family, relatives, and other adults in a child’s life to facilitate an emergency meeting when a child is about to be removed from the birth parents, or when decisions are necessary in the reunification process to best meet the needs of both the child and family.

Advocates for Children states that FTDM is an intervention intended to more effectively deliver services from child welfare service, to better achieve more favorable outcomes for children and families. Though this FTDM and TDM process it is considered that child welfare service delivery is enhanced by maximizing the family plans that are developed are more relevant and that the family will comply thus enhancing the Childs safety and wellbeing, and the reunification process.

The Jordan Institute for Families (2003) states that different TDM Models share common family conferencing steps:

- Prepare for the meeting;
- Bring the family and its supporters together with professionals;
- Ask the family what it wants to work on;
- Explicit inventory family strengths that relate to the present concern;
- Explore the families needs;
- Select a goal(s);
- Develop a plan.

It is also very important that interagency collaboration be brought to the table when considering the challenges and strategies in a child welfare intervention. Don Crary states that “ you bring powerful people to the table and they will push the system to change (Walsh, 1999, p.5). Interagency collaboration is “ the process of agencies and families joining together for the purpose of interdependent problem solving that focuses on improving services to children and families” (Hodges, Nesman, & Hernandez, 1999, p.8).



The Northern California Training Academy writes that recent studies are finding that using the wraparound approach shows evidence of greater improvement in “mental health functioning (Burns et al., 2006; Pullman et al., 2006; Rast et al., 2008); improved school achievement (Burns et al., 2006), lower recidivism rates (Pullman et al., 2006); and fewer residential placements (Rast et al., 2008)” when compared to youth receiving standard treatment as usual or traditional child welfare services.

5. Summarize current Activities in Place or Partially implemented that may affect outcomes.

The Modoc County Drug Courts Steering Committee (DCSC) oversees all three drug courts as well as providing the implementation of the CWS System Improvement Plan. This body meets quarterly. Members include directors or representatives from Child Welfare, Alcohol and Drug, Mental Health, Public Health, Mountain View Foster Family Agency, Modoc First Five, Probation, Cal WORKS, T.E.A.C.H., Inc., CASA, Modoc Child Abuse Prevention Council, Strong Family Health Center, Modoc County Office of Education, Tribal representatives, two attorneys, and both judges. The DCSC facilitates collaboration and referrals between agencies as well as administrative oversight for the implementation of the SIP.

Well established Adult Drug Treatment, Dependency Drug Treatment and Juvenile Delinquency Treatment and Prevention Courts has been instrumental in developing a strong collaborative among service providers, child welfare and families involved with those courts. Because the members of the team bring together different perspectives of our families strengths and needs, services are more often correctly identified, coordinated and delivered in a manner that is most effective in safe reunifications and family maintenance cases. Another benefit realized by the joint efforts of the Drug Court Team members is the reduction in agencies delivering dual services and potential communication problems nursed between agencies by clients.

MCDSS SWs participate in other collaborative efforts as well. Healthy Beginnings is a First Five/MHSA funded program for families with children under age five. Other partners are Alcohol and Drug services, Mental Health, Public Health, and Early Head Start.

The Parenting Coalition was formed to coordinate parent education efforts throughout the county. Partners include T.E.A.C.H., Inc., MCDSS, Alcohol and Drug Services, Mental Health, County Office of Education, and the Child Abuse Prevention Council.

Working with T.E.A.C.H., Inc. Crisis Center and Law Enforcement, MCDSS has been participating in the development of a Sexual Assault Response Team or SART. One SW and two officers have taken the forensic interviewing training.

MCDSS SWs also sit on the Prevention and Early Intervention Coalition created by Mental Health Services with MHSA funding.

Modoc County has been using Structured Decision Making (SDM) over the last few years in making decisions for CWS. The PQCR process in November of 2008 indicated that CWS social workers were using the SDM tool 100% of the time in making early and program decisions about each CWS case. However, it was not being used consistently in expeditiously in the closure of cases. SDM Training and protocol development are part of this 2009-2012 SIP plan.

As described in Section I, fiscal section the line of authority for the Child Abuse Prevention Council (CAPC) has been combined with Child Welfare Services. CWS social workers and the CWS supervisor now participate at the CAPC meetings. This collaboration and partnership will not only lead to more local services being used through local referrals but a clearer understanding of services being offered by CWS and CAPC; such as the parenting classes, day care for kids while participating in agency services, Healthy Beginnings through Mental Health etc.

#### 6. Identify new activities that would impact outcomes

As already mentioned earlier in this document and in this section, concurrent planning training would enhance the permanency of CWS children. Additionally, full implementation of Concurrent Planning in CWS case plans would not only assist the family and social workers in the case planning process but also facilitate case closure and permanency by having dual case planning tracts to bring permanency faster to the affected youth.

New policy and Procedures would increase the Safety and Permanency Outcomes; such as, recurrence of maltreatment and reentry into CWS after reunification. Proactive involvement of Native American tribal members in CWS training and the case planning process will enhance prevention measures and family involvement/reunification.

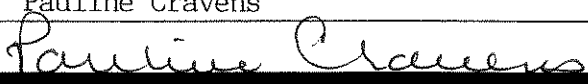

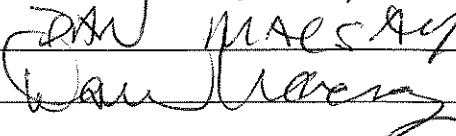
#### 7. Summary of how activities will be linked to outcome improvements via logic model models in Section I.

In Section I CWS/Probation the outcomes discussed via the logic models for the SIP Three Year Plan will be:

- a. Use of Policy and Procedures and Trainings to Reduce Recurrence of Maltreatment and reentry into Foster Care.
- b. Use of Family Well-Being Court to Reduce Recurrence of Maltreatment.

- c. Insure Youth Leaving Foster Care After Age 18 Have Family and Social Connections, Educational Opportunities, Housing, Medical Care and Employment Opportunities.
- d. Use of team Decision Making Meetings to Reduce Recurrence of Maltreatment and Reentry into Out-of-Home Care.
- e. Involvement of ICWA person from pre-detention throughout the life of the case, and Joint training of tribal members with SWs and POs on ICWA law and procedure as well as cultural competency.
- f. Contract with UC Davis to provide a minimum of 6 hours of local Modoc County training on Concurrent Planning, which are to include all SWs, probation officers, adoptions workers, CASA volunteers, foster parents and agencies, attorneys, and judges.

## Appendix B: Part I—CWS/Probation Cover Sheet

California's Child and Family Services Review System Improvement Plan	
County:	Modoc
Responsible County Child Welfare Agency:	Modoc County Department of Social Services
Period of Plan:	
Period of Outcomes Data:	Quarter ending:
Date Submitted:	
County System Improvement Plan Contact Person	
Name:	Pauline Cravens
Title:	Director
Address:	120 N. Main St. Alturas, CA 96101
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Submitted by each agency for the children under its care	
Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	Pauline Cravens
Signature:	
Submitted by:	County Chief Probation Officer
Name:	Elias Fernandez
Signature:	
Board of Supervisors (BOS) Approval	
BOS Approval Date:	5 JAN 2010
Name:	DAN MAESAY
Signature:	

## **2). CWS/Probation Narrative**

During the 2009-2012 PQCR, the focus area of family engagement and participatory case planning was chosen for both child welfare and probation. A literature review completed by UC Davis in both areas was used to develop questions for the case reviews and interviews that focused on principals of practice in engaging families and participatory case planning. Neither Modoc CWS nor Probation are currently using formal models of participatory case planning, i.e. Family to Family, Family Group Decision Making, or Team Decision Making. However, MCDSS and MCPD are aware of the principles of family engagement and participation by family members and wish to incorporate those principles into everyday practice with their clients.

### **Probation**

Using the principles of Family Engagement and Participatory Case Planning, MCPD will focus on the permanency and wellbeing outcome of increasing the probability of a successful transition to adulthood for youth emancipating from foster care. This is in line with number eight (8) of the Improvement Targets resulting from the 2009-2012 PQCR which reads as follows:

- a) Develop policies and procedures to guide SWS and Probation Officers in ensuring youth in care receive everything they need to succeed in the transition into adulthood, including Family Finding.
- b) Develop a community interagency collaborative approach to ensuring that youth in care receive all the services necessary for maximum success in transitioning from foster care. Develop contracts and MOUs for CWS and Probation with FFAs to provide transitional housing services. Work with ILP, Alliance for Workforce Development, and schools, including community colleges.

MCPD and MCDSS will schedule joint trainings provided by UC Davis to ensure that social workers and probation officers have a thorough understanding of the principles and application of Family Engagement and Participatory Case Planning, as well the developmental needs of youth transitioning to adulthood. They will also be learning Family Finding techniques to ensure that youth have permanent family connections as they age out of the system.

MCPD and MCDSS have in place an MOU pursuant to WIC 241.1. Probation officers and social workers have consulted with one another when a child appears to qualify as a ward or a dependent. Both agencies would like to develop that collaboration further to ensure that youth who do not have a home to return to, receive all the services and supports they need to be successful. This includes reaching out to Mental Health Services who have included treatment for children in foster care in their Mental Health Services Act (MHSA) plan.

In March of 2006, the Drug Courts Steering Committee approved the Juvenile Delinquency Prevention and Treatment Court (JDPTC). This intensive strengths-

based, family-centered program is available to wards 12 to 17 and their families. It is based on the drug court model and includes bi-weekly meetings with all the youth, their families, the treatment team, and the judge. Youth are assessed for substance abuse and receive treatment if needed. All youth participate in mental health counseling and groups. Independent living skills workshops are offered weekly as well as supervision for assigned community work service. Parents and youth participate in 15 weeks of Strengthening Families, an evidenced-based family communication skills program. The program is designed to last six to twelve months. Treatment team members include probation officers, an alcohol and drug counselor, a mental health counselor, parenting specialist, Independent Living Skills Coordinator, the assistant principal at the high school, a client advocate from Strong Family Indian Clinic, a family service worker, the drug court coordinator and the judge.

The mission of JDPTC is to reduce recidivism by providing services focused on the strengths of youthful offenders and their families resulting in a safer community. The goals are increased community safety, improvement in individual school performance, participation in pro-social activities, and improvement in family ability to nurture and protect. The program also has the goal of reducing unnecessary out-of-home placements.

Of the thirty-one participants and their families who have completed the program, about 60% completed successfully. All but two of those who did not complete, were placed in out-of-home care, either foster care or relative placement. The recommendation to place is made by the entire team to the judge with agreement by the family..

### **Child Welfare**

Based on the CWS Outcomes System Summary for Modoc County published Oct 2009, Data extract: Q1 2009, MCDSS will continue to focus on decreasing the recurrence of maltreatment among children and families referred for abuse and neglect (Safety 1.1) and on preventing re-entry into out-of-home care after reunification (Reunification C 1.4).

Although the timeframes for the two adoptions that have occurred in the last three years have been well within the federal guidelines, the case review of the PQCR indicated that SWs were not documenting the development of concurrent plans in the majority of the cases reviewed. Therefore, in order to ensure timely permanency, MCDSS will be asking UC Davis to repeat the excellent concurrent planning training they have done in other counties. Participants in this training will include the court, attorneys, social workers, probation officers, CASA volunteers, foster families and agencies, and interested community members.

MCDSS will also be writing policies and procedures for SWs to follow in applying Concurrent Planning throughout the life of a case. This will include a monthly case

staffing with State Adoptions staff, either in person or by telephone, depending on the weather.

In addressing the outcome of reducing re-entry into foster care, MCDSS will continue to rely on the Dependency Drug Treatment Court (DDTC) as a major strategy. This collaborative justice program, funded by State ADS with PSSF funds from DSS, was implemented in March of 2004 and has served 18 families (28 parents and 39 children). Fifteen parents have successfully graduated and reunified with their children. Two families moved out of county before completing and one family was terminated with the children remaining in the home. Two families were terminated with the children going into a permanent plan of adoption. In only one family have the children re-entered foster care, and that parent repeated the program and has reunified with the children. To be eligible for DDTC, at least one caregiver must have a substance abuse diagnosis and the children must be dependents of the court.

In DDTC, families, treatment providers and the judge meet together every two weeks to review the progress of the service plan and family participation and compliance. Team members include CWS SWs and Supervisor, CASA Director, Chief Probation Officer, Parent Educator, Alcohol and Drug Counselor, Public Health Nurse, Attorney for MCDSS, Community Health Advocate from Strong Family Health Center (IHS clinic), Family Service Worker, Drug Court Coordinator, and the Judge. One of the positive outcomes of this biweekly meeting has been the development of a close-knit multidisciplinary group of people who share the goals of recovery and increased parental capacity, as well as child safety and permanency. Information is shared easily and team members have an excellent grasp of the job requirements of each team member.

MCDSS is looking at the creation of a family wellness court to address the issue of recurrence of maltreatment. The plan is to use the same close-knit multidisciplinary treatment team to provide a range of services identified as needed by the family and team, adding the family and others identified by the family as team members. The target population will be those families referred to CWS for abuse and neglect where the risk does not rise to the level of needing court intervention, but where the family or team identify a need for services. Families will be asked to sign a voluntary Family Maintenance (FM) case plan that includes participation in Family Wellness Court.

As in DDTC, the FWC will meet bi-weekly with the judge at the same time as the DDTC participants. All families will be offered alcohol and drug assessments, mental health evaluations, public health services, as well as culturally appropriate services from Strong Family Health Center.

The treatment team members will participate in trainings provided by UC Davis to ensure that they have a thorough understanding of the principles and application of Family Engagement as outlined in *The Importance of Family Engagement in Child*

*Welfare Services* by Larsen-Rife and Brooks, UC Davis Training Academy, June 2009.

In DDTC, the core service is substance abuse treatment, with case management and ancillary services provided to all family members. In the Family Wellness Court, the core service will be parenting education with case management and other ancillary services offered as needed. With support from the Child Abuse Prevention Council and the Parenting Coalition, MCDSS and T.E.A.C.H., INC. plan to partner to increase the current parenting educator position from .5 FTE to at least 1.0 FTE using CAPIT and CWS funds. Currently PSSF funds are used to fund the Family Support Worker who will work in Family Wellness Court as well as DDTC.

Both DDTC and FWC plan to adopt the principle of Team Decision Making (TDM) as outlined in the *Advocates for Children and Youth, Issue Brief, Vol. 5, Num 8, Jan 2008*. These include 1) strength-based family assessments over the life of the case with input from all team members; 2) shared responsibility among team members for child safety and improvement in family capacity to protect and nurture; 3) family identifies service needs and participates in decision making; and 4) consistent family-centered approach and philosophy in practice.

CWS SWs also participate on the treatment team for the Healthy Beginnings Program. Other team members represent Public Health, Mental Health, Alcohol and Drug Services, and Early Head Start. This program, funded by First Five and Mental Health Services Act, is available to families with children under 5 years of age. Funding from First Five will end with this fiscal year and conversations are already underway about future funding and coordination with the Family Wellness Court.



## **C. CWS/PROBATION SIP MATRIX**

See SIP Matrix Attachments A-1 through A-12

See SIP Logic Models B-1 through B-6

## **D. CWSOIP NARRATIVE**

### **1. Probation**

Because MCPD will be focusing on the permanency and wellbeing outcome of increasing the probability of a successful transition to adulthood, the CWSOIP funds will be used to implement Improvement Targets from the 2009-2012 PQCR, which reads as follows:

- a) Develop policies and procedures to guide SWS and Probation Officers in ensuring youth in care receive everything they need to succeed in the transition into adulthood, including Family Finding.
- b) Develop a community interagency collaborative approach to ensuring that youth in care receive all the services necessary for maximum success in transitioning from foster care. Develop contracts and MOUs for CWS and Probation with FFAs to provide transitional housing services. Work with ILP, Alliance for Workforce Development, and schools, including community colleges

MCPD is planning to train probation officers in the principles and techniques of Family Engagement, Participatory Case Planning, and Family Finding. They also plan to work with area FFAs to develop transitional housing programs for youth aging out of foster care.

### **2. Child Welfare Services**

Prior to the 2009/2010 PQCR/SIP processes, CAPIT/CBCAP/PSSF allocations were sent from the auditor to Public Health who then directed the full allocation to a local nonprofit for program implementation with no local oversight. The only oversight to these programs had was OCAP, while both Public Health and Children's Services participated at the Child Abuse Prevention Council where there was little administrative participation from CWS and Probation in the co-facilitation of common program goals and objectives.

Fiscal policy has now changed and funding for the subcontract for CAPIT/CBCAP/PSSF is now being coordinated with CWS allocations and supervised by CWS. With the inclusion of the OCAP programs in the SIP processes the CWS outcomes of the SIP and CAPIT/CBCAP/PSSF are seen as

closely linked by the Child Abuse Prevention Council (CAPC), CWS and Probation. In the writing of the 2009/2010 Modoc SIP we have seen participation of Native Americans, Parenting Coalition, T.E.A.C.H., Inc., CWS social workers, Mental Health, Public Health, Alcohol and Drug Services, CAPC and the Drug Court Steering Committee.

In this process described above, a consensus has been reached among the collaborative partners in the child welfare system to focus on Parenting Education. With the Parenting Coalition and the MHSA Prevention and Early Intervention Council, the partners have begun planning for a continuum of parenting education services to be available throughout the community. Part of this continuum includes the Family Wellness Court, an intervention that will serve families with signs of abuse and/or neglect who are willing to participate in a voluntary plan.

MCDSS plans to use some of the CWSOIP funds to contract with T.E.A.C.H., Inc. to increase the current .5 FTE parent specialist to at least a full-time position to increase the number of classes and one-on-one services.

The importance of fiscal strategies to facilitate, collaborate, and communicate in the achievement of program goals and objectives for Modoc County should not be understated. The new fiscal policies are a proactive prevention policy with the primary goal of preventing child abuse through a cost-effective collaboration, referral and multi-agency partnership with families and children.

More importantly, the Drug Court Steering Committee that will have administrative approval over both the SIP and CAPIT/CBCAP/PSSF plans before they are sent to the Modoc County Board of Supervisors for approval will have input how to best spend the allocations for maximum benefit to Modoc County. The Drug Court Steering Committee includes Public Health, Mental Health, Probation CWS, Superior Court Judges, Native Americans, and community members. What we are now seeing in the planning process is program coordination and collaboration not only to avoid duplication, but most importantly making sure funding is being directed to achieve the best desired outcomes within the collaboration of programs.

# **CAPIT/CBCAP/PSSF Plan**

## **1. Administrative Change for CAPIT/CBCAP/PSSF**

Prior to the 2009/2010 PQCR/SIP processes, CAPIT/CBCAP/PSSF allocations were sent from the auditor to Public Health who then directed the full allocation to a local nonprofit for program implementation with no local oversight. The only oversight to these programs had was OCAP, while both Public Health and Children's Services participated at the Child Abuse Prevention Council where there was little administrative participation from CWS and Probation in the co-facilitation of common program goals and objectives.

Fiscal policy has now changed and funding for the subcontract for CAPIT/CBCAP/PSSF is now being coordinated with CWS allocations and supervised by CWS. With the inclusion of the OCAP programs in the SIP processes the CWS outcomes of the SIP and CAPIT/CBCAP/PSSF are seen as closely linked by the Child Abuse Prevention Council (CAPC), CWS and Probation. In the writing of the 2009/2010 Modoc SIP we have seen participation of Native Americans, Parenting class instructor, Children's Services Council, CWS social workers, Public Health, CAPC and the members of the Drug Court Steering Committee.

More importantly, the Drug Court Steering Committee that will have administrative approval over both the SIP and CAPIT/CBCAP/PSSF plans before they are sent to the Modoc County Board of Supervisors for approval will have input how to best spend the allocations for maximum benefit to Modoc County. The Drug Court Steering Committee includes Public Health, Mental Health, Probation CWS, Superior Court Judges, Native Americans, and community members. What we are now seeing in the planning process is program coordination and collaboration not only to avoid duplication, but most importantly making sure funding is being directed to achieve the best desired outcomes within the collaboration of programs.

**Child Abuse Prevention, Intervention and Treatment (CAPIT), Community-Based Child Abuse Prevention (CBCAP), Promoting Safe and Stable Families (PSSF) and County Children's Trust Fund (CCTF) Programs**

**Narrative Report Template for the Reporting Period of:**

July 1, 2008 through June 30, 2009

**Utilize this narrative report template in conjunction with the narrative report instructions.**

**County:** Modoc

- Yellow highlighted areas indicate that a checkmark is required per the instructions.
- Blue highlighted areas need dates that are applicable to the plan.
- Grey highlighted areas indicate where a narrative response is required.

**1. CAPIT/CBCAP/PSSF PLAN**

**A. Interim or Integrated CAPIT/CBCAP/PSSF Plan**

Place an "x" in ONLY ONE of the following and complete the information as requested.

[x]	No.	Options
X	1	<ul style="list-style-type: none"> <li>The interim plan was <b>extended</b> until <u>11/1/2012</u> (expiration date of the extended plan).</li> <li>The planning process for the integrated CSA has already begun and the integrated SIP is due on <u>11/01/2012</u>.</li> </ul>
	2	<ul style="list-style-type: none"> <li>The interim plan was <b>updated</b> until <u>m/d/yy</u> (expiration date of the updated plan,).</li> <li>The planning process for the integrated CSA will begin on <u>m/d/yy</u> and the integrated SIP is due on <u>m/d/yy</u>.</li> </ul>
	3	<ul style="list-style-type: none"> <li>A <b>new interim</b> plan was submitted and will expire on <u>m/d/yy</u>.</li> <li>The planning process for the integrated CSA will begin on <u>m/d/yy</u> and the integrated SIP is due on <u>m/d/yy</u>.</li> </ul>
	4	<ul style="list-style-type: none"> <li>The CAPIT/CBCAP/PSSF Plan was integrated with the CSA and SIP.</li> <li>The SIP was submitted on <u>m/d/yy</u>.</li> </ul>
	5	<ul style="list-style-type: none"> <li>Other - other options do not apply.</li> <li>Indicate below the status of the county's interim plan or planning process of the CSA and/or SIP (Dates of when documents are due should be included):</li> </ul>

**B. Update The Interim or Integrated CAPIT/CBCAP/PSSF Plan**

Since the CAPIT/CBCAP/PSSF Plan has been submitted, there have been:

Enter an "x" to select one of the options below:

	No changes
X	Changes,* see below

\*The following includes a description of all changes to the plan. If changes to the expenditure workbook (integrated plan) or expenditure plan summary (interim plan) have occurred, please attach.

CAPIT, CBCAP and PSSF funds are now being administered by the county liaison, Pauline Cravens, Director of Modoc County Department of Social Services.

## 2. PREVENTION SERVICE ARRAY

### A. Prevention Services that Meet Community Needs

Example 1:

X	Enter an "x" if the following example is a CBCAP funded program
Describe the unmet need:	
The 2005 Needs Assessment indicated that unmet needs include: knowledge of services, availability of services, lack of screenings and referrals, access to programs, lack of transportation, distance from services and language barriers.	
Describe the local prevention program(s) and/or activities developed and/or implemented:	
Welcome Baby! Works in collaboration with Early Head Start to provide referrals to services, information about services available within the county, transportation, and translation services.	

Example 2:

	Enter an "x" if the following example is a CBCAP funded program
Describe the unmet need:	
The 2005 Needs Assessment indicated that many parents and children are isolated from activities in the community due to distance from activities and cost of activities.	
Describe the local prevention program(s) and/or activities developed and/or implemented:	
The Child Abuse Prevention Council and Welcome Baby! Provide many free or reduced cost activities for parents and children to participate in. In collaboration with other local agencies often times transportation is provided. These activities include weekly playgroups, New Parent Support Groups, Infant Massage Classes, free family swim nights, free movie nights, sledding trips, Morning in the Park and Modoc County Children's Fair.	

### B. Child Abuse Prevention Council

Describe the structure and role of the local CAPC including the relationship between the CAPC and county Child Welfare Services agency:
The "Families Matter" Modoc Child Abuse Prevention Council reviews strategies and activities implemented yearly. The CAPC provides community awareness on issues regarding child abuse that include: Fetal Alcohol Syndrome, Shaken Baby Syndrome, Safe Surrender and Mandated Reporter Trainings. The CAPC also works in collaboration with other agencies to provide activities that decrease isolation and promote positive parenting techniques. The Council meets regularly to discuss strategies to insure satisfaction and positive service outcomes. Child Welfare Services regularly participates in the activities of the council and provides valuable information in the planning process.
Describe the CAPC's role in the coordination of the county's child abuse and neglect prevention and family support efforts:
The CAPC has been active in the coordination of the County SIP. The CAPC has participated in focus groups and will continue to coordinate efforts with Child Welfare Services to insure positive service outcomes in the future.

### C. Interdisciplinary/Innovative Services and Funding

Name of the program:
"Families Matter" Parent Education
Description of the program:
Education for parents, families, teens and expecting parents using the Nurturing Parenting

<b>Curriculum.</b>
List the services this program provides:
The "Families Matter" Parenting Program provides parents with real parenting skills they can use. Parents participate in group sessions. Empathy, Nurturing, Child Development, Discipline, Age Appropriate Behavior and Communication Skills are key components of the program.
Describe the interdisciplinary collaboration involved in implementing the above program:
The Parenting Collaborative has been formed to address the needs regarding parent education in Modoc County. The collaborative is made up of agency representation from Modoc County Department of Social Services, Modoc County Office of Education, T.E.A.C.H. Inc., First Five, Early Head Start, Modoc County Mental Health, Alcohol and Drug Services and Public Health. The Parent Educator is a member of the Drug Dependency Treatment Court Team as well as the Juvenile Delinquency Prevention Court Team.
List the Innovative funding provided to support the above program:
A collaboration of funding from Early Head Start, North East Regional Child Abuse Prevention Council and Modoc Child Abuse Prevention Council was used to hire facilitators to train over 30 providers to facilitate the Nurturing Parenting Program in Modoc County. Funding from the Juvenile Justice Committee is being used to fund a teen parenting session as well as funds to purchase Reality Works Infant Simulators for the program. Pregnant, parenting and teens at risk are learning valuable parenting skills.

### 3. COUNTY MONITORING

#### A. Service Delivery

What methods were used to monitor:

The quality of service delivery for programs funded by CAPIT/CBCAP/PSSF:
The council meets regularly to report on and evaluate the programs funded by CAPIT/CBCAP and PSSF funds.
Each programs' effectiveness:
The council reviews quarterly narrative reports and quarterly statistical reports to insure satisfaction and positive service outcomes.
The administration of contract/grants of CAPIT/CBCAP/PSSF funded programs:
Subcontractors are required to submit quarterly expenditure, narrative reports and quarterly statistical reports for review.

### 4. CBCAP EVALUATION

#### A. Peer Review

Enter an "x" to select one of the options below:

<input type="checkbox"/>	i	Local CBCAP peer review activities included:

<input checked="" type="checkbox"/>	ii	None, CBCAP peer review activities did not occur:
Describe the challenges that prevent the implementation of a peer review process:		
The peer review process was not conducted between other like programs from other counties. This was due to the remote location of Modoc County and the financial strain it causes the local program. The program content was reviewed by the Child Abuse Prevention Council, Early Head Start Program and participating parents.		

## B. Client Satisfaction

i. Provide below a <u>case specific example</u> of a parent/consumer who benefited from CBCAP services. (Include the name of the CBCAP program).	
Welcome Baby! New Parent Support Group- Parent wrote, "I enjoyed visiting with other parents, the group discussion, activities for kids and being able to get out of the house." Infant Massage – Parent wrote, "I feel closer to my baby and we both are more relaxed. The massage helps my baby with stomach discomfort and gas and has allowed my baby and me to bond more."	
ii. Using the example cited in B.i, above, enter an "x" to indicate which tool was utilized to assess client satisfaction of the local CBCAP funded program.	
<input type="checkbox"/>	Telephone Survey
<input type="checkbox"/>	On-line Survey
<input type="checkbox"/>	In person pre and post test
<input type="checkbox"/>	Focus Group
<input checked="" type="checkbox"/>	Other, explain: In Person Survey
iii. Describe the changes, if any, the service provider will implement as a result of the client satisfaction assessment indicated in Bi:	
Provide information about nutrition at the New Parent Support Group	

## C. Evaluating and Reporting on CBCAP Direct Service Outcomes

Provide below a CBCAP funded program's name, purpose, description and outcome achieved. Include at least three examples indicating how the outcome was achieved:

Name of CBCAP Program	<u>Welcome Baby!</u>
Purpose	<u>Welcome Baby! Is a Home Visiting Program performed by a Licensed Vocational Nurse. Education, support and referral services are provided to families with children 0-5 including children with disabilities.</u>
Description	<u>-Increase knowledge of child development through child birth classes, infant massage, and new parent support groups</u> <u>Connect families to services</u> <u>Provide activities to decrease isolation</u>
Enter an "x" to select one of the outcomes below:  <input checked="" type="checkbox"/> Short-term <input checked="" type="checkbox"/> Intermediate-term <input type="checkbox"/> Long-term	Short-term and intermediate Outcomes that were achieved for Welcome Baby! Parents and children:  -Families participated in free and low cost community activities. -Parents demonstrated appropriate expectations of child development. -Referrals were made for families to respite care.

## 5. PARENTS/CONSUMERS

### A. LEADERSHIP AND FAMILY INVOLVEMENT

Below is a description of one activity that was provided to enhance parent participation and leadership in the prevention of child abuse and neglect:	
<b><u>The "Welcome Baby" Program utilized consumers to come and share their experience and support with other parents at parent meetings, playgroups and childbirth classes. Playgroups are held weekly for parents and children. These playgroups provide a opportunity for parents to connect with other parents and discuss child development and parenting issues.</u></b>	
<input type="checkbox"/>	Enter an "x" if no activity occurred during this reporting period.

Below is one training activity that was provided during the reporting period to enhance parent participation and leadership in the prevention of child abuse and neglect:	
<b><u>Nurturing Parenting Training was held for the public. This training focused on the effects of domestic violence in the home and the long term effects that domestic violence has on children and families.</u></b>	
<input type="checkbox"/>	Enter an "x" if no training was provided during this reporting period.

Below is a description and results of the county's efforts to involve parents in the planning, implementation and evaluation of a CBCAP funded program:	
<b><u>The Child Abuse Prevention Council has an open membership to all parents. Parents have created community-building strategies and activities, and are instrumental in carrying out all activities. Parents and agency representation is equally valued. Council meetings are being held at a location that provides on site child care to better accommodate parents.</u></b>	

Below is a description of the challenges or technical assistance needs regarding the recruitment and retention of parent leaders:	
<b><u>It has been difficult to recruit parents to attend CAPC meetings. The CAPC has been providing onsite childcare for parents to attend. It has become apparent that in order to continue parent participation we need to provide transportation to and from meetings.</u></b>	



# SIP Component Template

<b>Outcome/Systemic Factor:</b> USE OF POLICIES, PROCEDURES, AND TRAININGS RE FAMILY ENGAGEMENT TO REDUCE RECURRENCE OF MALTREATMENT AND RE-ENTRY INTO FOSTER CARE									
<b>County's Current Performance:</b> Between April 2006 and September 2008 20% recurrence of maltreatment, April 2005 and September 2008 20% e-entered care, during this same period 8% re-entered in twelve-month period.									
<b>Improvement Goal 1.0</b> Develop policies and procedures and find trainings to guide social workers and probation officers in their interviews and engagement activities with family members, youth, tribe, extended family, and friends to encourage the active participation of all interested parties in the development of a Strengths and Needs Assessment/Social Study and Case Plan									
<b>Strategy 1.1</b> Write TDM Policy and Procedures Train staff and partners to TDM policy and procedures		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input type="checkbox"/> <b>PSSF</b> <input type="checkbox"/> <b>N/A</b>		<b>Strategy Rationale</b> Build support and understanding among staff and partners that TDM model will reduce maltreatment and re-entry into foster care.					
<b>Milestone</b>	1.1.1 Write TDM Policy and Procedures		April 1, 2010		<b>Assigned to</b> Social Worker Supervisor Probation Officer Supervisor Social Worker Supervisor Probation Officer Supervisor Social Services Director Chief of Probation				
	1.1.2 Review Policy and Procedures with Social Workers and Partners.		July 1, 2010						
	1.1.3 TDM Policy and Procedure Training		October 1, 2010						
<b>Strategy 1.2</b> Facilitate collaborative relationship engagement activities between SW's and Probation Officer, and families, extended families, and identified friends.		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input type="checkbox"/> <b>PSSF</b> <input type="checkbox"/> <b>N/A</b>		<b>Strategy Rationale</b> Encouraging active participation of all interested parties in the development of a case plan.					
<b>Milestone</b>	1.2.1 Establish timeline protocols for family meetings		January 1, 2011		<b>Assigned to</b> Social Worker Supervisor Probation Officer Supervisor Social Worker Supervisor Probation Officer Supervisor Social Services Director Chief of Probation				
	1.2.2 Agency to establish engagement policy		April 1, 2011						
	1.2.3 SW's and Probation officers engage affected families for joint family assessment of the case and development of a case plan.		July 1, 2011						
<b>Strategy 1.3</b> Agency partners to develop case follow-up plan and transitional aftercare.		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input type="checkbox"/> <b>PSSF</b> <input type="checkbox"/> <b>N/A</b>		<b>Strategy Rationale</b> Currently no aftercare or transitional care is available in Modoc County.					

Milestone	Timeframe	Assigned to	Social Worker Supervisor Probation Officer Supervisor
1.3.1 SW's and Probation officers to develop agency follow-up plan	January 1, 2012		Social Worker Supervisor Probation Officer Supervisor
1.3.2 Review follow-up plan and case records to determine effectiveness of follow-up plan	April 1, 2012		Social Worker Supervisor Probation Officer Supervisor
1.3.3 Statistical and program review to determine effectiveness in reducing maltreatment and re-entry into foster care.	July 1, 2012		Social Services Director Chief of Probation

Improvement Goal 2.0 USE OF TEAM DECISION MAKING MEETINGS TO REDUCE RECURRENCE OF MALTREATMENT AND RE-ENTRY INTO OUT-OF-HOME CARE						
Strategy 2.1		<input type="checkbox"/>	CAPIT	Strategy Rationale		
Conduct collaborative Team Decision Making (TDM) meetings to establish guidelines for implementing family TDM interventions that more effectively deliver services from child welfare services, to better achieve more favorable outcomes for children and families.		<input type="checkbox"/>	CBCAP	Establish an interagency collaboration as already seen in Dependency Drug Court, Healthy Beginnings, and the parenting Coalition.		
		<input type="checkbox"/>	PSSF			
		<input type="checkbox"/>	N/A			
Milestone	2.1.1 Organizational assessment of CWS, Probation and collaborative partners.	April 1, 2010		Assigned to		Social Worker Supervisor Probation Officer Supervisor and partners
	2.1.2 Development of TDM intervention guidelines, policies and procedures.	July 1, 2010				Social Worker Supervisor Probation Officer Supervisor and partners
	2.1.3 Identify and/or find funding as necessary to implement program	October 1, 2010				Social Services Director Chief of Probation
Strategy 2.2		<input type="checkbox"/>	CAPIT	Strategy Rationale		
Establish guidelines for implementing family TDM interventions that more effectively deliver services from child welfare services		<input type="checkbox"/>	CBCAP	To better achieve more favorable outcomes for children and families, which will reduce maltreatment and re-entry into foster care.		
		<input type="checkbox"/>	PSSF			
		<input type="checkbox"/>	N/A			
Milestone	2.2.1 Collaborate with service partners such as TEACH and Health Services, as well as families on the elements of the TDM service plans	January 1, 2011		Assigned to		Social Worker Supervisor Probation Officer Supervisor and partners
	2.2.2 Include families in all assessments and TDM meetings to develop ownership of service plans	April 1, 2011				Social Worker Supervisor Probation Officer Supervisor and partners
	2.2.3 Families and child's support team are involved in ongoing community support systems, such as parenting classes, drug and alcohol recovery etc.	May 1, 2011				Social Worker Supervisor Probation Officer Supervisor and partners

Strategy 2.3		Strategy Rationale			
Milestone	Work with service partners to develop appropriate aftercare plans and interventions for families exiting CWS services	Ongoing service support from service providers will reduce maltreatment and re-entry into foster care.			
		<input type="checkbox"/> CAPIT	<input type="checkbox"/> CBCAP	<input type="checkbox"/> PSSF	<input type="checkbox"/> N/A
Milestone	Timeframe	Assigned to			
	2.3.1 Plans for follow-up care developed with families and service providers	January 1, 2012			
	2.3.2 TDM aftercare interventions	April 1, 2012			
	2.3.3 Fewer children re-enter foster care (C1.4). Fewer children experience incidents of maltreatment (S1.1) as prior years. Fewer children emancipated from system (C3.3)	July 1, 2012			
		Social Worker Supervisor Probation Officer Supervisor and partners			
		Social Worker Supervisor Probation Officer Supervisor and partners			
		Social Worker Supervisor Probation Officer Supervisor and partners			

Improvement Goal 3.0 USE OF FAMILY WELL-BEING COURT TO REDUCE RECURRENCE OF MALTREATMENT AND RE-ENTRY INTO FOSTER CARE						
Strategy 3.1 Continue the process for multi-agency collaborative differential response service delivery.		CAPIT		Strategy Rationale Drug Dependency Court oversight of organizational assessment and case plan activities will facilitate program development through the various agencies that will reduce maltreatment and re-entry into foster care.	Assigned to  Social Worker Supervisor Probation Officer Supervisor and partners	
		CBCAP				
		PSSF				
		N/A				
Milestone	3.1.1 Identify service partners such as TEACH, Health Services, SFHC, CalWORKs and create Treatment Team	April 1, 2010			Assigned to  Social Worker Supervisor Probation Officer Supervisor and partners	
	3.1.2 Train Family Well-Being Court Treatment Team members	May 1, 2010				
	3.1.3 Engage families and agencies on a “dual” tract that allows CWS and treatment team to respond differently.	July 1, 2010				
	Strategy 3.2 Family Well-Being Court to start oversight implementation of multi-agency collaborative differential response service delivery.		CAPIT		Strategy Rationale Family Well-Being Court to review effectiveness of the collaboration and effectiveness of reducing maltreatment and re-entry into foster care.	Assigned to  S W Supervisor Probation Officer Supervisor and partners Family Well-Being Court Oversight
CBCAP						
PSSF						
N/A						
Milestone	3.2.1 Family Well-Being Court to start oversight of multi-agency collaborative differential response service delivery.	January 1, 2011			Assigned to  S W Supervisor Probation Officer Supervisor and partners Family Well-Being Court Oversight	
	3.2.2 Review effectiveness of the collaboration in reducing maltreatment and re-entry into foster care by reviewing data from Safe Measures and UC Berkeley website.	April 1, 2011				

	3.2.3 Administrative oversight and corrections by Family Well-Being Court to enhance outcomes of the collaboration.	July 1, 2011	Family Well-Being Court
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<b>Describe any additional systemic factors needing to be addressed that support the improvement plan goals.</b>	
Ongoing training to TDM Model and family engagement activities and policies. Memorandums of Understanding created between participating agencies and partners.	
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b>	
Ongoing training material and actual training from UC Davis and State of California	
<b>Identify roles of the other partners in achieving the improvement goals.</b>	
Participating in ongoing TDM meetings to facilitate case plans and family engagement. Willingness of partners to actively provide after-care once youth have left the system.	
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b>	
None at this time.	

# SIP Component Template

<b>Outcome/Systemic Factor:</b> PROVIDE FOR THE SAFETY AND WELL BEING OF NATIVE AMERICAN CHILDREN THROUGH THE DEVELOPMENT OF COLLABORATIVE RELATIONSHIPS WITH LOCAL TRIBES AND NATIVE AMERICAN SERVICE PROVIDERS					
<b>County's Current Performance</b> According to UC Berkeley CWS/CMS Dynamic Report for year ending 12/31/08, Native American children were 9% of those with allegations, 4% of substantiations, and 7% of entries into care. Business Objects report for year ending 10/31/09 indicates that Native American children were 10% of the referrals received. Currently 6 Native American children (3 families) have open cases, 5 in FM and 1 in PP, for 37% of the current caseload. Native American children are between 2 and 4% of the total child population.					
<b>Improvement Goal 1.</b> Involvement of ICWA person from pre-detention throughout the life of the case					
<b>Strategy 4. 1</b> CWS, Probation engage tribes in meetings and policy development.		<input type="checkbox"/> CAPIT		<b>Strategy Rationale</b> Build organizational framework for CPS, Probation and tribe that enhances communication between the agencies and the family to resolve pre-detention issues and tribal/family participation.	
		<input type="checkbox"/> CBCAP			
		<input type="checkbox"/> PSSF			
		<input type="checkbox"/> N/A			
<b>Milestone</b>	<b>4.1.1</b> . ICWA, CWS representatives engaged in meetings to enhance communication and collaboration.	Timeframe		January 1, 2010	Assigned to Social Worker Supervisor ICWA Person(s)
	<b>4.1.2</b> . ICWA, CWS, Probation representatives write policy and procedures.			April 1, 2010	Social Worker Supervisor ICWA Person(s)
	<b>4.1.3</b> . ICWA, CWS representatives engaged in determining what training is necessary and appropriate.			July 1, 2010	Social Worker Supervisor ICWA Person(s)
<b>Strategy 4. 2</b> Joint training of tribal members with Social Workers and Probation Officers on ICWA law and procedure as well as cultural competency.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A		<b>Strategy Rationale</b> Joint training will bridge cultural fears, mistrust and organizational barriers.	
<b>Milestone</b>	<b>4.2.1</b> ICWA, CWS, Probation Trainings	Timeframe		January 1, 2011	Assigned to Social Worker Supervisor ICWA Person(s) Probation Supervisor
	<b>4.2.2</b> SW/Probation meet with Tribal leaders to establish pre-detention policy			April 1, 2011	Social Worker Supervisor ICWA Person(s) Probation Supervisor

	4.2.3 ICWA, CWS, Probation establish scheduled collaborative meetings to resolve ongoing issues.		July 1, 2011		Social Services Director Chief of Probation Tribal Leadership
<b>Describe any additional systemic factors needing to be addressed that support the improvement plan goals.</b>					
<p>Ongoing trainings and continued meetings with tribes to establish trust</p> <p>Meeting with tribal leadership for SW understanding tribal policy</p> <p>Ongoing cultural competency training and awareness</p>					
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b>					
Tribal and State of California ICWA training and literature					
<b>Identify roles of the other partners in achieving the improvement goals.</b>					
Participation in Tribal, CWS, Probation meetings and provision of services as indicated by the Tribe, CWS and Probation.					
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b>					
None at this time.					



## SIP Component Template

<b>Outcome/Systemic Factor:</b> IMPLEMENT POLICIES, PROCEDURES, AND TRAINING SO SOCIAL WORKERS UNDERSTAND AND UTILIZE THE FULL SCOPE OF THE CONCURRENT PLANNING PROCESS TO ENSURE TIMELY ADOPTIONS					
<b>County's Current Performance:</b> Although the timeframes for the 2 adoptions that have occurred in the last 3 years have been well within the federal guidelines, the case review of the PQCR indicated that SWs were not documenting the development of concurrent plans in the majority of the cases reviewed.					
<b>Improvement Goal 1.0</b> Contract with UC Davis to provide a minimum of 6 hours of local training on concurrent planning to include all SWs, probation officers, adoptions workers, CASA volunteers, foster parents and agencies, attorneys, and judges. Write policies and procedures for implementation of concurrent planning throughout the life of the case.					
<b>Strategy 5.1</b> Concurrent planning training will bring the resources and awareness to the SW's and Probation Officers on a consistent basis, which will facilitate permanency outcomes.		<input type="checkbox"/> CAPIT		<b>Strategy Rationale</b> Establish Permanency in case development and closure is one of the goals in concurrent planning for every case as soon as possible for the child.	
		<input type="checkbox"/> CBCAP			
		<input type="checkbox"/> PSSF			
		<input type="checkbox"/> N/A			
<b>Milestone</b>	<b>5.1.1</b> Gather available literature on concurrent planning and make available to CWS staff.	<b>Timeframe</b> January 1, 2010		<b>Assigned to</b> Social Worker Supervisor Probation Officer Supervisor	
	<b>5.1.2</b> Identify any funding issues with regard to bringing University of California, Davis to Modoc County for concurrent training.	February 1, 2010		Social Services Director Chief of Probation	
	<b>5.1.3</b> Identify partners besides Probation and CWS who will benefit from concurrent planning training.	March 1, 2010		Social Worker Supervisor Probation Officer Supervisor	
<b>Milestone</b>	<b>5.1.4</b> Re-establish on-going relationship with state adoptions and usage of their staff and resources in the development of concurrent case plans.	January 1, 2010		Social Worker Supervisor Probation Officer Supervisor	
	<b>5.1.5</b> UC Davis to provide a minimum of 6 hours of local Modoc County training on Concurrent Planning, which is to include all SWs, probation officers, adoptions workers, CASA volunteers, foster parents and agencies, attorneys, and judges.	May 1, 2010		Social Services Director Chief of Probation	
	<b>5.1.6</b> Ongoing training by supervisors to staff on concurrent planning	June 1, 2010		Social Worker Supervisor Probation Officer Supervisor	

<p><b>Describe any additional systemic factors needing to be addressed that support the improvement plan goals.</b></p> <p>None at this time.</p>
<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b></p> <p>Ongoing training material and actual training from UC Davis and State of California</p>
<p><b>Identify roles of the other partners in achieving the improvement goals.</b></p> <p>Their agreement to participate in Concurrent Planning training, adoptions workers, CASA volunteers, foster parents and agencies, attorneys, and judges etc.</p>
<p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b></p> <p>None at this time.</p>

# SIP Component Template

<b>Outcome/Systemic Factor:</b> INSURE YOUTH LEAVING FOSTER CARE AFTER AGE 18 HAVE FAMILIAL AND SOCIAL CONNECTIONS, EDUCATIONAL OPPORTUNITIES, HOUSING, MEDICAL CARE, AND EMPLOYMENT OPPORTUNITIES									
<b>County's Current Performance:</b> Between April 2006 and March 2009, 17 youth left out-of-home care after age 18									
<b>Improvement Goal 1.0</b> All foster and ward children exiting the system offered transitional services									
<b>Strategy 6.1</b>									
Develop policies and procedures to guide SWS and Probation Officers in ensuring youth in care receive everything, including Family Finding, they need to succeed in the transition to adulthood		<input type="checkbox"/> CAPIT		<b>Strategy Rationale</b> Establishing guidelines and protocols to help guide SWS and Probation Officers in ensure youth are receiving care after they leave out-of-home care after the age 18.					
		<input type="checkbox"/> CBCAP							
		<input type="checkbox"/> PSSF							
		<input type="checkbox"/> N/A							
<b>Milestone</b>		<b>Timeframe</b>		January 1, 2010		<b>Assigned to</b>  Social Worker Supervisor Probation Officer Supervisor			
				July 1, 2010					
				October 1, 2010					
				<b>Strategy 6.2</b> Create multi-agency collaborations to give trainings and assist youth after they leave out-of-home care after the age 18.		<b>Timeframe</b>		<input type="checkbox"/> CAPIT	
<input type="checkbox"/> CBCAP									
<input type="checkbox"/> PSSF									
<input type="checkbox"/> N/A									
<b>Milestone</b>		<b>Timeframe</b>		January 1, 2011		<b>Assigned to</b>  Social Worker Supervisor Probation Officer Supervisor			
				April 1, 2011					
				July 1, 2011					
				<b>Strategy 6.2.1</b> Provide social worker, probation officer, and collaborative partner training for program implementation, including Family Finding.		<b>Timeframe</b>		<b>Assigned to</b>  Social Worker Supervisor Probation Officer Supervisor and partners	
<b>Strategy 6.2.2</b> Multi-agency plan developed to provide identified services and follow-up support.									
		<b>Assigned to</b>  Social Worker Supervisor Probation Officer Supervisor and partners							
				<b>Assigned to</b>  Social Services Director Chief of Probation Social Worker Supervisor Probation Officer Supervisor and partners					

<b>Strategy 6.3</b> Maximize potential of program and conduct program review.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	<b>Strategy Rationale</b> Ensuring program sustainability and collaborative partnerships to enhance and continue this transitional program; thus lessening the chances reenter the system.
<b>Milestone</b>	<b>6.3.1</b> All foster and ward children exiting the system offered transitional services	January 1, 2012	Social Worker Supervisor Probation Officer Supervisor and partners
	<b>6.3.2</b> Program review/evaluation to make systemic changes as necessary so services are continued.	April 1, 2012	Social Worker Supervisor Probation Officer Supervisor and partners
	<b>6.3.3</b> Fewer youth reenter the legal/court system because transitional services were not offered.	July 1, 2012	Social Services Director Chief of Probation
	<b>Timeframe</b>		<b>Assigned to</b>

<b>Describe any additional systemic factors needing to be addressed that support the improvement plan goals.</b>
All new program. Policy and Procedures, MOU's, Funding, Partner relationships and there funding, Transportation, Ongoing program evaluation.
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b>
Ongoing training material and actual training, State of California, ILP Program, Department of Education, Public Health, Housing etc.
<b>Identify roles of the other partners in achieving the improvement goals.</b>
ILP Program, Department of Education, Public Health, Housing (various), Mental Health, etc.
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b>
None at this time.

USE OF POLICIES, PROCEDURES, AND TRAININGS RE FAMILY ENGAGEMENT TO REDUCE RECURRENCE OF MALTREATMENT AND REENTRY INTO FOSTER CARE	
<b>Improvement Goal #1:</b> Develop policies and procedures and find trainings to guide social workers and probation officers in their interviews and engagement activities with family members, youth, tribe, extended family, and friends to encourage the active participation of all interested parties in the development of a Strengths and Needs Assessment/Social Study and Case Plan	
<b>Outcome Performance:</b> Between April 2006 and September 2008, 16 out of 78 children, or 20%, experienced recurrence of maltreatment within 6 months of a prior episode. Between April 2005 and March 2008, 20 out of 54 CWS children reunified, or 37%, re-entered care within 12 months. In that same period, 1 out of 12 Probation children reunified, or 8%, re-entered care within 12 months.	
<b>Contextual factors:</b> Current family supports (material, social, & emotional); Local service system; Child characteristics (including presenting problems, health, and mental health); Parent characteristics (including substance abuse, mental health concerns and poverty); Legal system; Organizational culture and climate of the agency.	
Resource Development  (Inputs)	Key to the success of reducing recurrence of maltreatment and reentry into foster care will be to build support for staff to engage key partners, such as the Family, Tribe(s), Child Abuse Prevention Council (CAPC), and Drug Court Steering Committee (DCSC) partners. Train staff to new policy and procedures. Build support and train staff for Team Decision Making model. Build support from key system providers; such as service providers, court, etc. Establish guidelines for implementation.
Implementation Activities (Outputs)	Staff and partners trained to TDM policy and procedures, and how to facilitate the relationship between engagement activities with families, extended families, and tribe/tribal leaders. Establish engagement policy for key partner ongoing participation in the case. Develop an agency plan for providing follow up services and support with the ability to assess risk v. safety.
Interim Goals	2010/2011 routinely review open cases with identified partners and family to identify levels and effectiveness of service plan and change as needed. Train tribe to new CPS policy and procedures. Establish timeline protocols for family engagement and assessment to determine effectiveness of service plan. Responsibility SW Supervisor, SW, family, CWS partners, Director of Social Services oversight.
Long-term Goals	2011/2012 reduce recurrence of maltreatment and reentry into foster care. With the expectation of reaching the federal standard of 8.6% for Foster Care Reentry and Reduce the Recurrence of Maltreatment to 6%. Responsibility SW Supervisor, SW, family, CWS partners, Director of Social Services oversight.

USE OF FAMILY WELL-BEING COURT TO REDUCE RECURRENCE OF MALTREATMENT	
<p><b>Improvement Goal #2:</b> Modeling the Dependency Drug Court, develop a multiagency process to develop a collaborative "differential response" type of service delivery to families referred to Modoc County for abuse and neglect.</p> <p><b>Outcome Performance:</b> Between April 2006 and September 2008, 16 out of 78 children, or 20%, experienced recurrence of maltreatment within 6 months of a prior episode.</p> <p><b>Contextual factors</b> (based on literature review and organizational assessment)            Current family supports (material, social, &amp; emotional); Local service system; Child characteristics (including presenting problems, health, and mental health); Parent characteristics (including substance abuse, mental health concerns and poverty); Legal system; Organizational culture and climate of the agency</p>	
Resource Development (Inputs)	Using what has been learned through DDTC, continue the process for multi-agency collaborative differential response service delivery. Organizational assessment to be developed through the DCSC, CWS, CAPC and other partners such as T.E.A.C.H., Inc., Mental health, Public Health et. Identify key partners to develop a program to engage families in meeting their children's needs for safety and nurturance and to meet the family's needs for services and support.
Implementation Activities (Outputs)	Train Family Well-Being Court treatment team and identified partners to risk assessment and differential response model(s). Engage families and agencies on a "dual track" or "multi-track" response that permits CWS and treatment team to respond differentially to children's needs for safety, the degree of risk present, and the family's needs for services and support.
Interim Goals	2010/2011 Family Well-Being Court to start oversight implementation of multi-agency collaborative differential response service delivery. On-site and off-site continued training for CWS, Probation, Family-Well-Being Court treatment team and other identified partners. Oversight review by the Family-Well-Being Court to review effectiveness of the collaboration to reduce the recurrence of maltreatment and make appropriate changes to reduce maltreatment from previous years. Responsibility Family-Well-Being Court, SW Supervisor, SW, family, CWS partners.
Long-term Goals	2011/2012 S1.1 Safety and permanency of the child is improved and the percentage of children who were victims of a sustained or indicated child maltreatment allegation has dropped because of the multi-agency collaborative differential response partnerships. Reduce the Recurrence of Maltreatment to 6% or below. Responsibility Family Well-Being Court, SW Supervisor, SW, family, CWS partners.

INSURE YOUTH LEAVING FOSTER CARE AFTER AGE 18 HAVE FAMILIAL AND SOCIAL CONNECTIONS, EDUCATIONAL OPPORTUNITIES, HOUSING, MEDICAL CARE, AND EMPLOYMENT OPPORTUNITIES	
<b>Improvement Goal #3 a)</b> Develop policies and procedures to guide SWS and Probation Officers in ensuring youth in care receive everything, including Family Finding, they need to succeed in the transition to adulthood <b>b)</b> Develop a community interagency collaborative approach to ensuring that youth in care receive all the services necessary for maximum success in transitioning from foster care	
<b>Outcome Performance:</b> Between April 2006 and March 2009, 17 youth left out-of-home care after age 18	
<b>Contextual factors:</b> Two FFAs, four FC homes, and one group home (level 10-11) are in the county.	
Resource Development  (Inputs)	Establish guides lines for implementation for social workers and probation officers. Build key support from partners, ILP program, schools, housing, job referral network, medical and legal. Establish collaborations, MOU's with key systems providers (courts, CWS, Probation, ILP, Mental Health, Public Health, Housing etc). Assess and find funding as necessary to meet program goals. Probation officers and social workers to learn and implement Family Finding procedures.
Implementation Activities  (Outputs)	Identify personnel to write policy and procedures, and conduct training. Multi-agency plan developed to provide identified services and follow-up support. Facilitators identify and engage program participants prior to their exiting from foster care or ward homes. Social worker/probation facilitators engage in activities to provide transitional family, social service, educational, housing etc. services. Follow-up activities/surveys conducted.
Interim Goals	2010/2011 Develop policy and procedures for youth leaving foster care transitional care. Provide social worker, probation officer, and collaborative partner training for program implementation, including Family Finding. Facilitators establish relationships with service providers and begin youth referrals to appropriate programs. Multi-team meeting conducted to refine process and objectives/goals. Youth assisted to develop permanent connections with caring adults. Responsibility SW Supervisor, Probation Officer Supervisor, SW, Probation Officer
Long-term Goals	2011/2012 All foster and ward children exiting the system offered transitional services; housing, education, medical etc. and other services identified as specific needs for each youth. All youth assisted to develop permanent connections with caring adults. Fewer youth reenter the legal/court system because transitional services were not offered. Responsibility SW Supervisor, Probation Officer Supervisor, SW, Probation Officer

USE OF TEAM DECISION MAKING MEETINGS TO REDUCE RECURRENCE OF MALTREATMENT AND RE-ENTRY INTO OUT-OF-HOME CARE	
<p><b>Improvement Goal #4:</b> Develop a Family "Team Decision Making" collaboration with the Child Abuse Prevention Council (CAPC) and other service providers where new ideas and support can be given to CWS and endangered children and their families, including involvement of successful families as role models. This goal will also increase the participation in CAPC parenting classes.</p>	
<p><b>Outcome Performance:</b> Between April 2006 and September 2008, 16 out of 78 children, or 20%, experienced recurrence of maltreatment within 6 months of a prior episode. Between April 2005 and March 2008, 20 out of 54 CWS children reunified, or 37%, re-entered care within 12 months. In that same period, 1 out of 12 Probation children reunified, or 8%, re-entered care within 12 months.</p>	
<p><b>Contextual factors:</b> History of interagency collaboration as seen in Dependency Drug Court, Health Beginnings, and Parenting Coalition.</p>	
Resource Development (Inputs)	Complete organizational assessment of CWS, Probation and collaborative partners (Court, CAPC, other service providers etc.). Ensure ongoing technical assistance and training (UC Davis, State etc.) for all partners. Conduct collaborative Team Decision Making (TDM) meetings to establish guidelines for implementing family TDM interventions that more effectively deliver services from child welfare services, to better achieve more favorable outcomes for children and families. Train staff as necessary. Identify and/or find funding as necessary to implement the program.
Implementation Activities (Outputs)	Social workers and service providers engaged for participation in Family TDM's. Preparations are made for model or various types of family and service provider meetings. Plans and protocols are developed to engage the family and its supporters with professionals for the purpose of reducing recurrence of maltreatment and re-entry into out-of-home care. Agencies and professionals develop a plan for follow-up care, service, referrals and support.
Interim Goals	2010/2011 Families and social workers collaborate on specific reunification plans. Families develop ownership and follow these plans. Children enter reunification with a detailed aftercare plan developed by the family TDM. Families and social workers develop a strength based relationship that leads to timely problem solving and help seeking. The families and child's support team are involved in ongoing community support systems, such as parenting classes, drug and alcohol recovery etc.
Long-term Goals	2011/2012 Fewer Children re-enter foster care following reunification (C1.4) as in prior years. Fewer children experience repeated incidents of maltreatment (S1.1) as in prior years. Fewer children experience abuse and/or neglect. And, fewer children who were emancipated out of the system (C3.3).



PROVIDE FOR THE SAFETY AND WELL BEING OF NATIVE AMERICAN CHILDREN THROUGH THE DEVELOPMENT OF COLLABORATIVE RELATIONSHIPS WITH LOCAL TRIBES AND NATIVE AMERICAN SERVICE PROVIDERS	
<b>Improvement Goal 5a and b:</b> a) Involvement of ICWA person from pre-detention throughout the life of the case. b) Joint training of tribal members with Social Workers and Probation Officers on ICWA law and procedure as well as cultural competency.	
<b>Outcome Performance:</b> According to UC Berkeley CWS/CMS Dynamic Report for year ending 12/31/08, Native American children were 9% of those with allegations, 4% of substantiations, and 7% of entries into care. Business Objects report for year ending 10/31/09 indicates that Native American children were 10% of the referrals received. Currently 6 Native American children (3 families) have open cases, 5 in FM and 1 in PP, for 37% of the current caseload. Native American children are between 2 and 4% of the total child population.	
<b>Contextual Factors:</b> There are 4 recognized tribes in the county, 3 are very small. The 4 <sup>th</sup> tribe is larger, located in Burney, and is the only one with an ICWA worker. There is a wide variation in cultural assimilation, educational attainment, and employment. Native American service providers include CA Tribal TANF, Resources for Indian Student Education (RISE), Strong Family Health Center, a IHS funded clinic, and CANY (Cultural Activities for Native Youth), a coalition of all the service providers.	
Resource Development  (Inputs)	Establish a CWS policy for involvement of tribe in pre-detention conference. Build organizational framework for CPS, Probation and tribe that enhances communication between the agencies and the family to resolve pre-detention issues and tribal/family participation. Establish training procedure for CWS and Probation on ICWA law and procedure, and cultural competency. Establish training for ICWA representative(s) for CWS policy and procedure training. Establish guidelines for implementation of goals. Identify resources.
Implementation Activities (Outputs)	ICWA and CWS representatives engaged in trainings and mutual collaboration meetings to establish collaboration policy and procedures. Agency plan for providing follow-up support and services created. Collaborative partners are engaged for ongoing participation in the process, public health, family court, mental health, etc.
Interim Goals	2010/2011 establish organizational framework for CWS, Probation and the Tribes that enhances communication between the agencies. Joint policy and procedures written for Tribal participation in the CWS/Probation processes. Tribal and Probation/CWS training conducted and on-going. Regularly scheduled collaborative meetings being conducted between CWS, Probations and the Tribes to resolve ongoing issues. Responsibility SW Supervisor, Probation Officer Supervisor, SW, Probation Officer
Long-term Goals	2011/2012 Pre-detention SW/Probation Tribal elder meeting being held for all except emergency cases, where the tribal elder will be notified at the time of the detention. Joint training of tribal members with Social Workers and Probation Officers on ICWA law and procedure as well as cultural competency are being held on a continuing as needed basis. Responsibility SW Supervisor, Probation Officer Supervisor, SW, Probation Officer

IMPLEMENT POLICIES, PROCEDURES, AND TRAINING SO SOCIAL WORKERS UNDERSTAND AND UTILIZE THE FULL SCOPE OF THE CONCURRENT PLANNING PROCESS TO ENSURE TIMELY ADOPTIONS	
<p><b>Improvement Goal 6:</b> Contract with UC Davis to provide a minimum of 6 hours of local training on concurrent planning to include all SWs, probation officers, adoptions workers, CASA volunteers, foster parents and agencies, attorneys, and judges. Write policies and procedures for implementation of concurrent planning throughout the life of the case.</p> <p><b>Outcome Performance:</b> Although the timeframes for the 2 adoptions that have occurred in the last 3 years have been well within the federal guidelines, the case review of the PQCR indicated that SWs were not documenting the development of concurrent plans in the majority of the cases reviewed.</p> <p><b>Contextual Factors:</b> (based on literature review and organizational assessment)            Current family supports (material, social, &amp; emotional); Local service system; Child characteristics (including presenting problems, health, and mental health); Parent characteristics (including substance abuse, mental health concerns and poverty); Legal system; Organizational culture and climate of the agency.</p>	
Resource Development (Inputs)	Gather available literature on concurrent planning and make available to CWS staff. Identify any funding issues with regard to bringing University of California, Davis to Modoc County for concurrent training. Identify partners besides Probation and CWS who will benefit from concurrent planning training. Make available to CWS staff SDM material on concurrent planning. Development of policies and procedures.
Implementation Activities (Outputs)	Train staff in a pre-UC Davis meeting as the expectations of the concurrent planning training. Permanency in case development and closure is one of the goals in concurrent planning for every case. Re-establish on-going relationship with state adoptions and usage of their staff and resources in the development of concurrent case plans. Ongoing training and case review by supervisor to ensure continued use of concurrent planning to its fullest scope and to ensure timely adoptions as necessary.
Interim Goals	2010/2011 Contract with UC Davis to provide a minimum of 6 hours of local Modoc County training on Concurrent Planning, which is to include all SWs, probation officers, adoptions workers, CASA volunteers, foster parents and agencies, attorneys, and judges. Responsibility SW Supervisor, Probation Officer Supervisor, SW, Probation Officer, Director of Social Services
Long-term Goals	2011/2012 Fewer case plans are developed without the use of concurrent planning. Ongoing training by supervisors to staff on concurrent planning, and state adoptions regular participation in the development of case plans has become routine. Responsibility SW Supervisor, Probation Officer Supervisor, SW, Probation Officer